

# RYAN WHITE CARE ACT HEALTH INSURANCE PREMIUM PAYMENT PROGRAM (CARE/HIPP) DISCLOSURE

The following statements of policy and eligibility criteria apply to all applicants for the Ryan White CARE Act Health Insurance Premium Payment (CARE/HIPP) Program. **Please read each statement carefully.** Any questions should be referred to your benefits counselor or case manager prior to the submission of your application. The top copy of this form, complete with the applicant's original signature, must be maintained in the client's file.

## ELIGIBILITY

To be eligible, the applicant must demonstrate:

- assets that do not exceed \$6,000;
- application for Medi-Cal benefits or proof of financial ineligibility for Medi-Cal benefits based upon assets exceeding \$2,000;
- HIV-related disability, or is an adult (21 years or older) dependent with an HIV disability who is covered by the health insurance policy of someone else;
- coverage under a policy at risk of cancellation;
- eligibility to continue health insurance under COBRA/OBRA, or equivalent insurance coverage (includes private individual policies);
- policyholder must be unemployed or employed part-time for reasons related to HIV disability;
- income at or below 400 percent of the current federal poverty level;
- a health insurance policy that covers outpatient prescription drugs, and does not exclude HIV/AIDS treatment;
- proof of application for public or private disability benefits (i.e., social security programs, long-term disability insurance, etc.);
- proof of appeal of any denial of public benefits, or be in the process of appeal;
- no previous denials for services specific to HIV disease.

## GENERAL POLICIES

- No deductible or copayment will be paid through this program.
- If the insurance company changes either its policy or coverage, the applicant must immediately recertify with the benefits counselor or case manager.
- Premium payment assistance does not include health insurance policies obtained through the State's Major Risk Medical Insurance Program (MRMIP).
- The applicant cannot be receiving assistance through the AIDS Drug Assistance Program (ADAP) for any outpatient prescription drug that can be covered by private health insurance.
- Dependents may maintain coverage after death or departure from the program of the primary beneficiary for the balance of the quarter remaining after termination, or for one month, whichever is longer.
- The applicant must complete the Medi-Cal application process if assets do not exceed \$2,000 at the time of application or recertification.
- In case of the applicant's death or departure from the program, refunds of premiums that were paid by the State on behalf of the applicant must be signed over to the State of California. Refund checks should be made payable to California Department of Health Services, and should be identified with **the insured's full name, the policy number or social security number, and the month(s) to which the refund should be credited. See refund instructions on next page.**

**PLEASE READ THIS ENTIRE FORM, FRONT AND BACK, BEFORE SIGNING THIS DECLARATION**

**DECLARATION:** *I have thoroughly read and understand the provisions listed above and agree to them. I further agree to provide documentation to substantiate my eligibility according to the requirements listed. I understand that my insurance premiums will be paid as long as I am eligible, until I enroll in the State's Medi-Cal/HIPP or a county HIPP program; OR up to 29 months, whichever comes first. I agree to immediately notify the benefits counselor or case manager of any changes in my circumstances which affect program eligibility or health insurance status.*

Print applicant's name	Signature of applicant	Date
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White: File Copy

Pink: Applicant's Copy

Refunds should be mailed to:

CARE Act Section  
CARE/HIPP Program  
Department of Health Services  
P.O. Box 942732  
Sacramento, CA 94234-7320

- Applicants must meet all eligibility requirements and secure all required documentation.
- Any change in an applicant's status (e.g., change in premium payment amount or address, termination from the CARE/HIPP program, etc.) must be immediately reported to the benefits counselor or case manager, and then to the Office of AIDS by the benefits counselor. Failure to report changes as required can result in disenrollment.
- All premiums are paid for the succeeding quarter (three months). Any exceptions will be determined by the State.
- We do not discriminate on the basis of gender, age, race, color, ethnicity, sexual orientation, religion, national origin, or physical or mental disability in the provision of services.